

Case Number:	CM14-0003461		
Date Assigned:	01/22/2014	Date of Injury:	08/20/2006
Decision Date:	08/08/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas & Mississippi. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old female with a reported date of injury on 08/20/2006. The injury reportedly occurred when the injured worker was walking down a hallway and her left ankle everted. Her diagnoses were noted to include left ankle sprain. Her previous treatments were noted to include medications, physical therapy, cane, and ankle brace. The progress note dated 10/22/2013 revealed the injured worker complained of ankle pain rated 7/10 with walking and feeling of paresthesias with prolonged sitting or standing. The physical examination revealed no swelling; however, there was positive tenderness to the anterior aspect of the lateral ankle. There was full range of motion to the ankle with pain elicited with dorsiflexion and lateral flexion. An MRI was performed and the unofficial report revealed a mass at the talonavicular joint. The request for authorization form was not submitted within the medical records. The request for an MRI of the right ankle with contrast is due to the regular MRI was not able to make a diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI OF THE RIGHT ANKLE WITH CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Ankle & Foot, 2nd Edition, (2008), 1043.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for an MRI of the right ankle with contrast is not medically unnecessary. The injured worker has had a previous MRI to the right ankle which showed a mass at the talonavicular joint. The California Medical Treatment Utilization Schedule/ACOEM Guidelines state disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies. Magnetic resonance imaging may be helpful to clarify diagnosis such as osteochondritis dissecans in cases of delayed recovery. The guidelines state an MRI can be used to identify and define ankle and foot pathology such as metatarsal or toe fractures. X-ray of an unknown date was performed to the right ankle which resulted in no acute fractures. The injured worker complained of paresthesias with walking and standing, as well as tenderness to the anterior aspect of the lateral ankle. There is a lack of documentation of clinical findings suggestive of significant clinical pathology to warrant a repeat MRI. Therefore, a repeat MRI is not medically necessary